



**DENTAL EXAMINATION FORM**

NAME: \_\_\_\_\_

ID No. : \_\_\_\_\_

**Dental Information**

Assigned Dentist \_\_\_\_\_

Date \_\_\_\_\_

Academic Year \_\_\_\_\_

General Condition

- Good oral hygiene
- Presence of calcaral deposits/plaque
- Gingivitis
- Pyorrhoeic
- Denture wearer up
- Denture wearer down
- With ortho braces up
- With ortho braces down
- Wearing Hawley's retainers
- Others \_\_\_\_\_

Other Remarks \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

UPPER RIGHT									UPPER LEFT							
8	7	6	5	4	3	2	1	With Caries	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Amalgam	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	L/C	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Other resto mat	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	PLJC	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	PoJC	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Pontic	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Missing	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	RF	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Unerrupted	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	For exo	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	TF	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Abutment	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	RCT	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Impacted	1	2	3	4	5	6	7	8
LOWER RIGHT									LOWER LEFT							
8	7	6	5	4	3	2	1	With Caries	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Amalgam	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	L/C	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Other resto mat	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	PLJC	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	PoJC	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Pontic	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Missing	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	RF	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Unerrupted	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	For exo	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	TF	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Abutment	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	RCT	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Impacted	1	2	3	4	5	6	7	8